

**LARUE D. CARTER MEMORIAL HOSPITAL**  
**NUTRITIONAL ASSESSMENT**

Ht:                      Wt:                      BMI:                      Age:                      BP:

Acceptable wt. range:                      Diet order:

Medications:

Lab data/Date:

RBC:	gluc:
Hgb:	alb:
Hct:	chol:
	TG:

Food likes:

Food dislikes:

Food allergies/Religious restrictions:

Diet history prior to admission:

Problem(s):

Long term goal:

Short term goals/recommendations:

- ☐ Lose/Gain wt.
- ☐ Maintain present nutritional status – check wt. and lab values.
- ☐ Supplement with a multi-vitamin with minerals to improve nutritional status.
- ☐ Maintain blood sugar WNL.
- ☐ Maintain BP WNL.
- ☐ Reduce chol/TG to WNL.
- ☐ Increase physical activity

Nutritional Risk Level based on information currently available:

**High                      Moderate                      Low**

Comments:

1. Pt. accepts foods from the following food groups:

- ☐ Meat/Meat substitute
- ☐ Milk/Milk substitute
- ☐ Fruit
- ☐ Vegetable
- ☐ Bread/Cereal

2. Appetite: ☐ Good; ☐ Fair; ☐ Poor  
☐ Routinely skips meal(s)

3. Patient experiencing possible drug-food interactions/side effects:

- ☐ Constipation/Diarrhea
- ☐ Dry mouth
- ☐ Difficulty chewing/swallowing
- ☐ Increased thirst/urination
- ☐ Decreased/Increased appetite
- ☐ Nausea/Vomiting

4. Family history of (relationship):

- ☐ CHD
- ☐ DM
- ☐ HTN

5. Patient instructed on the rationale of \_\_\_\_\_ diet

6. Educational material(s) provided: \_\_\_\_\_

7. Patient's comprehension of diet: \_\_\_\_\_

Signature/Date/Time

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